

CTRAC ADMISSION/DISCHARGE FOR ATR RECOVERY SUPPORT PROVIDER (148)

Fax completed form to the Division of Alcohol and Drug Abuse at (573) 522-8475.

CTRAC Forms should be submitted on a daily basis. **PLEASE PRINT LEGIBLY.**

PROVIDER INFORMATION

Provider Name: _____

DMH Provider Number: _____

Provider Location: _____

(If you have multiple sites, please indicate the location where services are being provided).

Provider Location County: _____

Staff Person Completing CTRAC Admission/Discharge Form: _____

Telephone Number: _____

CLIENT INFORMATION

Client Name: _____

DMH ID Number: _____

(The DMH ID number is located on the upper left hand corner of the recovery support voucher).

Chart Number: _____

(The chart number is assigned by your agency from the list of numbers that has been provided to you. Each client should be assigned a unique chart number.)

ADMISSION INFORMATION

Admission Date: _____

Referral Source: ☐ Self (19) ☐ ADA Clinical Treatment (57) ☐ Faith (91)

DISCHARGE INFORMATION

Client Discharge Date: _____

Discharge Status

- ☐ Transferred (01)
- ☐ Client died (03)
- ☐ Client dropped out of services (04)
- ☐ Discharged—noncompliance (05)
- ☐ Discharged—treatment completed (06)
- ☐ Client incarcerated (08)
- ☐ Other (09)

Discharge Referral

- ☐ No referral (01)
- ☐ Psychiatric treatment (02)
- ☐ Alcohol/drug treatment (23)
- ☐ Continue other social services (25)
- ☐ Continue self-help (26)
- ☐ Continue faith-based or nontraditional services (28)

NOTES: